



Missouri Pharmacy Program – Preferred Drug List



Cox II Inhibitors
Effective 12/15/2004
Revised 07/06/2006

Preferred Agents

Available With Additional Clinical Edits

- Celebrex®

Non-Preferred Agents

Approval Criteria

Current NSAID Step Therapy Criteria remains in place
 See Approval Diagnoses for Cox II therapy below.

Denial Criteria

Therapy will be denied if no approval criteria are met.
 Patients with a diagnosis of familial adenomatous polyposis
 presenting with a prescription for a COX-2 inhibitor other
 than celecoxib. (Celecoxib only approved for this indication.)
 Drug Prior Authorization Hotline: (800) 392-8030

<u>Approval Diagnoses</u>			
Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Familial adenomatous polyposis*	<ul style="list-style-type: none"> • Familial adenomatous polyposis 	N/A	2 years
Ankylosing Spondylitis	<ul style="list-style-type: none"> • 720.0 	N/A	2 years
GI toxicity risk factors*	<ul style="list-style-type: none"> • Age \geq55 • PUD or GI bleed 	N/A N/A <ul style="list-style-type: none"> • warfarin • corticosteroids • high-dose NSAID 	N/A 2 years 45 days 90 days* 45 days
Arthritis*	<ul style="list-style-type: none"> • Rheumatoid arthritis • Osteoarthritis 	N/A N/A <ul style="list-style-type: none"> • DMARDs 	2 years 2 years 45 days
Significant other comorbidity* (may be subject to clinical review)	N/A	N/A	N/A
Therapeutic failure*	N/A	<ul style="list-style-type: none"> • NSAIDs 	6 months

*Approved for up to 1 year